



PUBLIC HEALTH IMPERATIVES & PRIORITIES
OKLAHOMA STATE DEPARTMENT OF HEALTH

BUDGET				CONTINUITY OF OPERATIONS (DRAFT)	
CORE PUBLIC HEALTH SERVICES	Public Health Imperatives Budget Priority # 1 Programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services number 1, 2, 6 & 9.	Activity	Infrastructure - Cross Cutting Budget Priority #6	Priority Function - Identified functions within an activity that are required to be maintained, or reestablished within hours, in a catastrophic event	Infrastructure to Support Priority Functions Only
		Regulatory licensing, inspection services, complaint investigation	County Health Departments, Nursing Services, Health Promotion, Community Development Services (Turning Point, Minority Health, Health Equity), Vital Records/Health Care Information, and all Administrative Services. These encompass essential public health services number 1, 3, 4 & 9.	Immediate jeopardy complaints, catastrophic facility issues, relocation or diversion of patients or residents, facility operation disruptions and other issues requiring immediate notification or action.	County Health Departments, Nursing Services, Vital Records, administrative functions (including information technology, security, facility management, finance/banking, procurement, personnel mgmt, employee assistance, legal, benefits)
		Medical system coordination and sustainability		Catastrophic facility or operational disruptions, relocation or diversion of patients or residents and other issues requiring immediate notification or action.	
		Infectious Disease Surveillance and Control		Infectious Disease Surveillance systems (non-Sexually Transmitted), laboratory testing, epidemiologic response, and health alert capabilities.	
		All Hazards, Preparedness and Emergency Response		Health and medical emergency response, including public health response and health system coordination (public health includes laboratory surge, emergency epi response and mass vaccination)	
		Consumer Protection		Sanitation	
	Priority Public Health Services for the Improvement of Health Outcomes Budget Priority # 2 These programs include health promotion and interventions aimed at reducing poor health outcomes and excess deaths in Oklahoma. These programs have been highlighted by the Oklahoma Board of Health, Oklahoma Health Improvement Plan or OSDH Sr. Leadership as needing priority attention for the improvement of health outcomes. These programs encompass essential public health services number 1, 3, 4, 5, 6 & 9.	Activity		Relevant Programs/Revenue Streams	
		Tobacco Prevention and Control			
		Obesity Reduction			
		Children's Health			
		Immunization Coverage			
		Preventable Hospitalizations		Response efforts only - childhood suspended	
		Infant Mortality			
		Prenatal Care			
		Motor Vehicle Crash Deaths			
		Cardiovascular Disease			

BUDGET				CONTINUITY OF OPERATIONS (DRAFT)	
	Prevention Services and Wellness Promotion Budget Priority #3 These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness. These programs may be offered through public health clinics or through other service providers and may, or may not be, mandated at some level. These programs include essential public health services 1, 3, 4, 5 & 9.	Activity	Infrastructure - Cross Cutting Budget Priority #6	Relevant Programs	Infrastructure to Support Priority Functions Only
		Asthma Birth Defects Cancer Programs CATCH (After School) Child and Adolescent Services Childhood Lead, Adult Blood Lead Children First Community Based Child Abuse Prevention Congenital Disorders, Newborn Hearing Dental Health Services Early Intervention Family Planning Guidance Hepatitis	County Health Departments, Nursing Services, Health Promotion, (Turning Point, Minority Health, Health Equity); Vital Records/Health Care Information; and all Administrative Services. These encompass essential public health services number 1, 3, 4 & 9.	Follow up newborn screening to prevent newborn death Response efforts only	County Health Departments, Nursing Services, Vital Records, administrative functions (including information technology, security, facility management, finance/banking, procurement, personnel mgmt, employee assistance, legal, benefits)
	Prevention Services and Wellness Promotion Budget Priority #3 These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness. These programs may be offered through public health clinics or through other service providers and may, or may not be, mandated at some level. These programs include essential public health services 1, 3, 4, 5 & 9.	Activity High Risk Perinatal Injury Prevention Maternity Newborn Metabolic Screening Rape Prevention REACH School Health Warm Line (Daycare) WIC		Relevant Programs Response efforts only Maintenance of testing capabilities to prevent newborn death Supplemental Food program only	

BUDGET				CONTINUITY OF OPERATIONS (DRAFT)	
	Assure access to competent personal, consumer and healthcare services Budget Priority #4 These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable. These programs encompass essential public health services number 7, 8 & 9.	Activity Dental Loan Repayment Dental - Restorative Child Abuse Training Council Primary Care Barber Fire Extinguisher Registered Sanitarians	Infrastructure - Cross Cutting Budget Priority #6 County Health Departments, Nursing Services, Health Promotion, (Turning Point, Minority Health, Health Equity); Vital Records/Health Care Information; and all Administrative Services. These encompass essential public health services number 1, 3, 4 & 9.	Relevant Programs	Infrastructure to Support Priority Functions Only County Health Departments, Nursing Services, Vital Records, administrative functions (including information technology, security, facility management, finance/banking, procurement, personnel mgmt, employee assistance, legal, benefits)
	Science and Research Budget Priority #5 These programs are characterized by services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation. These programs encompass essential public health services number 9 & 10.	Activity National Violent Death Reporting System Cancer Registry MCH Assessment Pregnancy Risk Assessment Monitoring Youth Risk Behavior Survey Community Epidemiology		Relevant Programs	

Prevention Services and Wellness Promotion - These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness. These programs may be offered through public health clinics or through other service providers and may, or may not be, mandated at some level. These programs include essential public health services 1, 3, 4, 5 & 9.	Activity	Infra - structure	Relevant Programs	Revenue Streams
	Asthma	County Health Departments, Nursing Services, Health Promotion, (Turning Point, Minority Health, Health Equity); Vital Records/Health Care Information; and all Administrative Services. These encompass essential public health services number 1, 3, 4 & 9.	Asthma	Federal -400BD00
	Birth Defects		Genetics ; Birth Defects Registry	State -190KDX0; Revolving -233YTX0; Federal -400CN09
	Cancer Programs		BCCSEDP, Colon Cancer Screening, Cancer Registry, Comprehensive Cancer	State -190KCX0, 190BI00, 190BIX0; Revolving -210VN00, 225BI00, 210VSX0, 228RKX0; Federal -400GA00;400BI00, 400JQ00
	Caring Hearts		Inform, educate, & empower people about health issues. Mobilize community partnerships	Revolving -210WK
	CATCH (After School)		CATCH, Health Promotion, MCH	State -190FK, 190AR; Federal -400AR
	Child and Adolescent Services		Maternal & Child Health (Child Health, MCH Assessment)	State -190G5; Federal -400AR00, 400G5
	Childhood Lead, Adult Blood Lead		Childhood Lead; Ottawa Blood Lead; Healthy Housing	State -190KDX0; Federal -400BT00; 400JL00, 400CX00; 400FG00; 400B300
	Children First		Family Support Prevention Services (Children's First)	State -190KD, 190KF; Federal -400GC
	Community Based Child Abuse Prevention		Family Support Prevention Services (Children's First, OCAP, CBCAP-Leverage Programs)	State -190KD, 190KF, 190VYX; Revolving -265KDX, 265YV; Federal -400GC, 400B8, 400JN
	Congenital Disorders, Newborn Hearing Yr1, yr2		Congenital Disorders; Newborn Hearing	State -190KDX0; Revolving -210YPX0; Federal -400AR00; 400B400; 400C700; 400GM00
	Dental Health Services		Dental Health, MCH (Child Health)	State -190KD, 190FK, 190AR; Federal -400AR
	Early Intervention		SoonerStart	Federal -400GT, 400GY, 400HDX, 400IA
	Family Planning		Maternal & Child Health (FP, MCH Assessment)	State -190CM; Revolving -210YC; Federal -400CM, 400GA
	Guidance		Guidance	State -190KD, 190KF; Federal -400B8, 400JD
	Hepatitis		HIV/STD Hepatitis Program	State -190KCX0; Federal -400BU00
Prevention Services and Wellness Promotion - These services are	Activity	Infra - structure	Relevant Programs	Revenue Streams

<p>characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness. These programs may be offered through public health clinics or through other service providers and may, or may not be, mandated at some level. These programs include essential public health services 1, 3, 4, 5 & 9.</p>	High Risk Perinatal	<p>County Health Departments, Nursing Services, Health Promotion, (Turning Point, Minority Health, Health Equity); Vital Records/Health Care Information; and all Administrative Services. These encompass essential public health services number 1, 3, 4 & 9.</p>	Maternal & Child Health (Child Health, MCH Assessment)	State-190AR, 190AR/19, 190G5; Federal-400AR00, 400G5
	Highway Safety		Car Seats; Oklahoma Traffic Linkage Systems	Federal-400JA00
	Injury Prevention		Core Part A, B & D; Fire Related Injuries; Occupational Indicators	State-190KCX0; Federal-400BJ00, 400BC00, 400BE00, 400BN00, 400AP00
	Line Item		Alzheimer's Assoc	State-190KCX0
	Line Item		Dept of Pathology-OUHSC	State-190KCX0
	Maternity		Maternal & Child Health (FP, MCH Assessment, PRAMS)	State-190AR, 190AR/19, 190GF; Federal-400B8, 400GL, 400GQ, 400GS, 400AR
	Newborn Metabolic Screening		Public Health Laboratory, Screening & Special Services	State-190KCX0, 190KDX0; Revolving-210YPX0; Federal-400GM
	Rape Prevention		Sexual Assault; Rape Prevention	Federal-400BN00; 400AP00
	REACH		Chronic Reach US; Physical Activity & Nutrition	Federal-400BW00
	School Health		CATCH, Health Promotion, MCH (MCH Assessment)	State-190KF, 190AR; Federal-400AR
	Warm Line (Daycare)		Guidance	Federal-400JD
	WIC		WIC	Federal-400EA

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	Public Health Imperatives & Priorities			
<div>CORE PUBLIC HEALTH SERVICES</div>	Public Health Imperatives - Programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services number 1, 2, 6 & 9.	Activity	Relevant Programs/Revenue Streams	Core Measures
		Regulatory licensing, inspection services, complaint investigation	Health Facility Licensure, Nurse Aide Registry, Title XIX Medicaid, Long Term Care Administrations, Title XVIII Medicare, Hospice Licensing, Clinical Laboratory Improvement Act, Home Health Care, Professional Counselor Licensing, Jail inspections, Tattoo and Body Piercing, QIES, MDS, OASIS, Family Therapist Licensing, Micropigmentation, Behavioral Practitioner Licensing & FDA X-ray Inspections	TBD
		Medical system coordination and sustainability	Trauma, Emergency Medical Services, Rural EMS	TBD
		Infectious Disease Surveillance and Control	Acute Disease, Preparedness, Tuberculosis, Office of Epidemiology - ELC, Immunization, HIV Prevention, STD, HIV Surveillance, Syphilis, Laboratory Services, Pediatrics, ARRA - ELC (HAI & Meningococcal), ARRA Immunization, PHER, Adult Viral Hepatitis, Perinatal Hepatitis B, Ryan White	Based on United Health Foundation (UHF) - AIDS, TB, Hepatitis A & B
		All Hazards, Preparedness and Emergency Response	Public Health Preparedness and Response & Hospital/Medical Systems Preparedness, Laboratory, Immunization	TBD
		Consumer Protection	FDA Manufacturing, Food & Lodging, Public Bathing Places,	TBD

CORE PUBLIC HEALTH SERVICES	Priority Public Health Services for the Improvement of Health Outcomes - These programs include health promotion and interventions aimed at reducing poor health outcomes and excess deaths in Oklahoma. These programs have been highlighted by the Oklahoma Board of Health, Oklahoma Health Improvement Plan or OSDH Sr. Leadership as needing priority attention for the improvement of health outcomes. These programs encompass essential public health services number 1, 3, 4, 5, 6 & 9.	Activity/Core Measure	Relevant Programs/Revenue Streams	
		Tobacco Prevention and Control	TUPS funding & PHHSBG	UHF - Reduce Adult Smoking Prevalence
		Obesity Reduction	State, REACH & PHHSBG	UHF - Reduce Adult Obesity Prevalence
		Children's Health	MCH, Family Support and Prevention, WIC, EI, Child Guidance, Oral Health	OHIP - 1) Develop Comprehensive Plan 2) Improve Infant Outcomes - Sleep Related Deaths, Unintended Pregnancy 3) Improve perinatal outcomes - Preconception Care, Maternal infections, first trimester prenatal care
		Immunization Coverage	Preschool Immunizations	UHF - National Immunization Survey - 4:3:1:1:3 - 19 - 35 months
		Preventable Hospitalizations	Immunization (Pneumococcal & Adult Influenza vaccine), Diabetes	UHF - AHRQ 14 measures narrowed to the following: Angina Hypertension admission rates Bacterial Pneumonia in elderly Dehydration in elderly COPD clinical management Diabetes prevention of short term complications
		Infant Mortality	MCH (Child Health, PRAMS, MCH Assessment, Family Planning, Maternity), Family Support and Prevention (OCAP, C1), Infertility	UHF - Prenatal Care - Refer to Children's Health
		Prenatal Care	MCH (MCH Assessment, Prams, Maternity, Family Planning)	UHF - Refer to Children's Health
		Occupational Fatalities	Occupational Fatality Reduction Committee; Linked to Oklahoma Traffic Data, MCH (Safe Kids) Program	UHF - Fatalities due to occupational injuries
		Cardiovascular Health	Heart & Stroke, OKCHES, Aspirin Therapy (Prevent Block)	



**PUBLIC HEALTH IMPERATIVES & PRIORITIES
CDC WINNABLE BATTLES**

OSDH Core Measures				CDC Winnable Battles
CORE PUBLIC HEALTH SERVICES	Public Health Imperatives Budget Priority # 1	Activity	Core Measure	Core Measures
	Programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services	Regulatory licensing, inspection services, complaint investigation	100% of state mandated inspection frequency and complaint investigations are achieved annually	
		Medical facilities, healthcare system coordination and sustainability	100% of state mandated inspection frequency and complaint investigations are achieved annually	
		Consumer Protection	100% of state mandated inspection frequency and complaint investigations are achieved annually	a) Reduce the rate of infections caused by Salmonella b) Reduce the rate of infections caused by Shiga toxin-producing Escherichia coli (STEC) O157:H7 (shared with Infectious Disease)
		All Hazards, Preparedness and Emergency Response	State score on national health security preparedness Index	
		Infectious Disease Surveillance and Control	a) % immediately notifiable reports received by phone consultation/investigation initiated in 15 minutes b) - % immediately notifiable reports submitted in PHIDDO/ investigation initiated in 15 minutes c) Average # reported Hepatitis A, Hepatitis B, TB & AIDS cases per 100,000 population	Incidence of tuberculosis, pertussis, hepatitis A, and indigenously-acquired measles cases per 100,000
	Priority Public Health Services for the Improvement of Health Outcomes - Budget Priority # 2	Activity	Core Measure	Core Measures
	These programs include health promotion and interventions aimed at reducing poor health outcomes and excess deaths in Oklahoma. These programs have been highlighted by the Oklahoma Board of Health, Oklahoma Health Improvement Plan or OSDH Sr. Leadership as needing priority attention for the improvement of health outcomes. These programs encompass essential public health services number 1, 3, 4, 5, 6 & 9.	Tobacco Prevention and Control	% of adults who smoke	a) % of adults who smoke b) % of youth who smoke c) % of U.S. Pop covered by smokefree laws
		Tobacco Prevention and Control	% of adolescents who smoke	Need Measure
		Obesity Reduction	% of adults who are obese	a) Prevalence of obesity among U.S. children and adolescents b) The proportion of infants who are breastfed at 6 months
		Obesity Reduction	% of adolescents who are obese	Need Measure
		Behavioral Health	Reduce the number of deaths due to prescription drug abuse/overdoses (unintentional & suicide)	Need Measure
		Children's Health	a) # infant deaths per 1000 live births b) % first trimester prenatal care	Teen birth rate among adolescent females ages 15 to 19
		Children's Health	Decrease the number of teen births among adolescent females ages 15-19 years of age	Need Measure
		Children's Health	Increase educational attainment (high school)	Need Measure
		Children's Health	Job attainment through evidence-based home visitation	Need Measure
		Immunization Coverage	% immunized (19-35 months)	Need Measure
		Preventable Hospitalizations	# preventable hospitalizations per 1000 Medicare enrollees	
		Immunization Coverage	Increase the number of adolescents immunized (13-17 years of age)	Need Measure
		Immunization Coverage	Increase the number of adults (over age 65) who are immunized	Need Measure
		Injury Prevention	Decrease the number of older adult falls	Need Measure
		Motor Vehicle Crash Deaths	Reduce motor-vehicle crash deaths & injuries in children	Rate of motor-vehicle related fatalities or injuries
		Cardiovascular Disease	Cardiovascular deaths/100,000	
		Health Education	Removed?????	
		Health Transformation	Removed?????	

OHIP 2020
Core Measures
OHIP 2020
1) Adolescent Tobacco Use Prevalence – 22.7% for high school and 9.8% for middle school (baseline from 2013) 2) Adult Tobacco Use Prevalence -
1) Adolescent BMI – 11.8% baseline for 2013 (most recent year) and 14.9% by 2020 2) Adult BMI – 32.5% baseline for 2013 and 28.2% by 2020
1) Mental Illness Prevalence
1) Infant Mortality – 6.8 per 1,000 live births in 2013 to 6.5% by 2020 2) Maternal Mortality – 29.1 per 100,000 live births to 26.2 by 2020
OHIP Health Transformation 1) reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1836.2 in 2012 to 1468.96 by 2020
OHIP Health Transformation 2) reduction in heart disease deaths by 11% by 2020 (2018 actual target, which will be reported in 2020)
1) Increase the number of school systems that adopt a coordinated school health model as evidenced by certification at the Excellence level by the Certified Healthy Schools program (2014 baseline = 300 schools, 2020 target = 500 schools). 2) Increase the number of Institutions of Higher Education and Career Technology Centers that adopt documented standards from the American College Health Association Standards of Practice in Higher Education as evidenced by certification at the Excellence level by the Certified Healthy Campus program (2014 baseline = 12 campuses, 2020 target = 40 campuses and career
SEE also preventable hospitalization and heart disease death rate reduction 3) Bend the healthcare cost curve – by 2020, limit annual state-purchased health care cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (estimated baseline for annual state-purchased health care cost growth = 5.11%).

PUBLIC HEALTH IMPERATIVES & PRIORITIES
OHIP 2020 Core Measures & OSDH Core Measures through

OSDH Core Measures		OSDH	OHIP 2020
Public Health Imperatives Budget Priority # 1 Programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services number 1, 2, 6 & 9.	Activity	Core Measure 2015	Core Measures
	Regulatory licensing, inspection services, complaint investigation	100% of state mandated inspection frequency and complaint investigations are achieved annually	
	Medical facilities, healthcare system coordination and sustainability	100% of state mandated inspection frequency and complaint investigations are achieved annually	
	Consumer Protection	100% of state mandated inspection frequency and complaint investigations are achieved annually	
	All Hazards, Preparedness and Emergency Response	Improve the State score on national health security preparedness Index by 0.5%	
	Infectious Disease Surveillance and Control	a) 95% immediately notifiable reports received by phone consultation/investigation initiated in 15 minutes b) 95% immediately notifiable reports submitted in PHIDDO/ investigation initiated in 15 minutes c) Average # reported Hepatitis A, Hepatitis B, TB & AIDS cases per 100,000 population ??????	
Priority Public Health Services for the Improvement of	Activity	Core Measure	OHIP 2020

Improvement of Health Outcomes Budget Priority # 2

These programs include health promotion and interventions aimed at reducing poor health outcomes and excess deaths in Oklahoma. These programs have been highlighted by the Oklahoma Board of Health, Oklahoma Health Improvement Plan or OSDH Sr. Leadership as needing priority attention for the improvement of health outcomes. These programs encompass essential public health services number 1, 3, 4, 5, 6 & 9.

Tobacco Prevention and Control	a) Reduce the % of adults who smoke by b) Reduce the % of adolescents who smoke	1) Adolescent Tobacco Use Prevalence – 22.7% for high school and 9.8% for middle school (baseline from 2013) 2) Adult Tobacco Use Prevalence - 23.7% (BRFSS 2013)
Obesity Reduction	a) Reduce the % of adults who are obese by 3% b) Reduce the % of adolescents who are obese by 1.2%	1) Adolescent BMI – 11.8% baseline for 2013 (most recent year) and 14.9% by 2020 2) Adult BMI – 32.5% baseline for 2013 and 28.2% by 2020 or should this be 29.5 as listed in OHIP?
Behavioral Health	Unintentional Poisoning Deaths Suicide Deaths	1) Mental Illness Prevalence 2) Substance Abuse Prevalence 3) Suicide Deaths
Children's Health	a) Decrease the # infant deaths per 1000 live births c) Increase the # of WIC mothers breastfeeding by 2.10%	1) Infant Mortality – 6.8 per 1,000 live births in 2013 to 6.4% by 2020 2) Maternal Mortality – 29.1 per 100,000 live births to 26.2 by 2020 3) Reduce Infant, Child and Adolescent Injury Mortality from 15.2% per 100,000 to 13.9 per 100,000 (2013 data)
Immunization Coverage	Increase the % immunized (19-35 months) from 56.5% to 73.9%	

	Preventable Hospitalizations	# preventable hospitalizations per 1000 Medicare enrollees	OHIP Health Transformation 1) reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1836.2 in 2012 to 1468.96 by 2020
	Injury Prevention	a) Reduce motor-vehicle crash deaths & injuries in children from 97 to 93? (2013 or 2014 data and should this measure be in infants less than one year of age?) b) Reduce the number of adult falls causing injury	
	Cardiovascular Disease	Reduce the number of cardiovascular deaths from 289.8 to 236.9 (2013 or 2014 data?)	OHIP Health Transformation 2) reduction in heart disease deaths by 11% by 2020 (2018 actual target, which will be reported in 2020)

Health Education

- 1) Increase the number of school systems that adopt a coordinated school health model as evidenced by certification at the Excellence level by the Certified Healthy Schools program (2014 baseline = 300 schools, 2020 target = 500 schools).
- 2) Increase the number of Institutions of Higher Education and Career Technology Centers that adopt documented standards from the American College Health Association Standards of Practice in Higher Education as evidenced by certification at the Excellence level by the Certified Healthy Campus program (2014 baseline = 12 campuses, 2020 target = 40 campuses and career technology centers).
- 3) Increase the number of providers with staff trained in the use of Motivational Interviewing.

		Health Transformation		<p>SEE also preventable hospitalization and heart disease death rate reduction</p> <p>3) Bend the healthcare cost curve</p> <ul style="list-style-type: none">– by 2020, limit annual state-purchased health care cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (estimated baseline for annual state-purchased health care cost growth = 5.11%).
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2020

OSDH	Comments
Core Measure Through 2020	
100% of state mandated inspection frequency and complaint investigations are achieved annually	DRAFT - In process as of 06-24-15 Being updated by Protective health to include other measures to meet PHAB standards
100% of state mandated inspection frequency and complaint investigations are achieved annually	DRAFT - In process as of 06-24-15 Being updated by Protective health to include other measures to meet PHAB standards
100% of state mandated inspection frequency and complaint investigations are achieved annually	DRAFT - In process as of 06-24-15 Being updated by Protective health to include other measures to meet PHAB standards
Improve the state score on national health security preparedness Index from 7.6 to 7.1	I looked up the current preparedness index - Oklahoma is at 7.6
a) % immediately notifiable reports received by phone consultation/investigation initiated in 15 minutes b) - % immediately notifiable reports submitted in PHIDDO/ investigation initiated in 15 minutes c) Average # reported Hepatitis A, Hepatitis B, TB & AIDS cases per 100,000 population	Julie - should this be 95% or 100%?
Core Measure	

<p>a) Reduce the % of adolescents who smoke from 15.1% to 10% for high school-aged and from 4.8% to 2% for middle school-aged youth.</p> <p>b) Reduce the % of adults who smoke from 23.7 to 18% (BRFSS Data 2013) or do we use the BRFSS 2014 non finalized percentage of 21%</p>	<p>Do you want adult first or adolescents - they flip flop between OHIP and OSDH Core Measures. Also OHIP uses 1,2....core measures doc uses a, b.....</p>
<p>a) Reduce the % of adults who are obese from 32.5% (BRFSS 2013) to 29.5%</p> <p>b) Reduce the % of adolescents who are obese from 11.8% (YRBS 2013) to 10.6%</p>	<p>Do you want adult first or adolescents - they flip flop between OHIP and OSDH Core Measures. Also OHIP uses 1,2....core measures doc uses a, b.....</p>
<p>Unintentional Poisoning Deaths Suicide Deaths</p>	<p>I don't have any measures for this one - Injury????</p>
<p>a) Decrease the # infant deaths per 1000 live births by 0.30 from 6.80 to 6.50</p> <p>c) Increase the # of WIC mothers breastfeeding from 82.1% to 84.2% (2013 data)</p>	<p>NEED CLARIFICATION!!!!</p>
<p>Increase immunization rates (19-35 months) by 17.40%</p> <p>immunization adolescents immunization adults</p>	<p>Do we need to list the adults? The measure is 19-35 months.</p>

Motor Vehicle crash deaths Adult Falls	
Cardiovascular deaths/100,000 by 52.90 from 289.80 to 236.90	

<p>1) Increase the number of school systems that adopt a coordinated school health model as evidenced by certification at the Excellence level by the Certified Healthy Schools program (2014 baseline = 300 schools, 2020 target = 500 schools).</p> <p>2) Increase the number of Institutions of Higher Education and Career Technology Centers that adopt documented standards from the American College Health Association Standards of Practice in Higher Education as evidenced by certification at the Excellence level by the Certified Healthy Campus program (2014 baseline = 12 campuses, 2020 target = 40 campuses and career technology centers).</p>	
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<p>Preventable hospitalization reduction heart disease death rate reduction Bend the healthcare cost curve – by 2020, limit annual state-purchased health care cost growth, through both the Medicaid Program and the State Employee Group Insurance Plan (EGID), to 2% less than the projected national health expenditures average annual percentage growth rate as set by CMS (estimated baseline for annual state-purchased health care cost growth = 5.11%).</p>	
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